

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091868745  
APPLICANT(S)

FILING DATE

**CLAIMS**

|    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|----|----------|------|------------------------|------|------------------------|------|
|    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
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| TOTAL IND.   |  |  |  |
| TOTAL DEP.   |  |  |  |
| TOTAL CLAIMS |  |  |  |